

American Federation of Government Employees

Affiliated with the AFL-CIO
Local 2400, VA Medical Center
1310 24th Ave. South
Nashville, TN 37212-2637



September 7, 2003

Honorable Everett Alvarez, Jr.
Chairman, Care Commission
Department of Veteran's Affairs
Office of the Secretary
Washington, DC 20420

Dear Mr. Alvarez:

Thank you for allowing me the opportunity to submit comments and concerns to the Care Commission on behalf of the employees of the Nashville Campus, Tennessee Valley Health System.

I would like to address the follow issues:

- Inpatient Care and Access to Hospital Care
- Outpatient Care and Access to Primary Care
- Infrastructure

Inpatient Care beds and access to hospital care for medical and surgical patients at the Nashville Campus has steadily declined over the past twenty years with a drastic decline in the last ten years. Our hospital had over four hundred inpatient beds in the 1970's and we now have approximately one hundred and twenty five beds.

It is a known fact that our aging Veteran population has health problems that are more serious and frequent, requiring more inpatient care hospitalizations and lengths of stay than we are able to provide.

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It has become a revolving door of patient re-admissions as the length of stay for inpatient care is limited due to patients requiring shorter stays for various reasons one which is a limited number of beds. The patients are admitted and discharged based on which patient requires hospitalization the next. Therefore, patients may be discharged too soon, have unresolved health problems at home after discharge, and require re-admission.

Because of the lack of hospital beds has caused this campus to divert many patients to other hospitals, primarily private sector, forcing the Veteran to pay enormous hospital bills. If the campus is placed on total hospital diversion, patient's waiting for emergency admission are transferred to private sector hospitals at great cost to the taxpayers or forced to travel by ambulance several miles away to our sister campus in Murfreesboro. We currently are on all types of diversion including Total Hospital Diversion, ICU Bed diversion, or medical-surgical bed diversion.

The CARES initiative calls for closing 600 acute beds across the country. The employees of the Nashville Campus and I strongly support this proposal of the CARES initiative.

HA also has suggested that the demand for hospital beds can be accomplished by creating Critical Access Hospitals. The CAH will have no more than 15 acute beds; no ICU's and the length of stay would be no more than 96 hours.

I do not believe with the significant health care problems of the Veterans, that this proposal will provide optimum patient care for the Veterans. At this level, we cannot project the cost of such a system. However, logic would indicate a system such as this would be extremely costly to the taxpayers. I strongly support that funding for these types of hospitals could be better spent on expanding our existing medical centers across the country to increase inpatient care beds.

There is not a provision in the CARES initiative for VISN 9 to open additional inpatient beds at the Nashville Campus. How is the VA going to meet the demand for inpatient care of the Veteran? We suggest opening up more Inpatient beds and staffing appropriately to take care of these Veterans at the Nashville Campus.

The CARES initiative fails to provide for the much needed inpatient beds for psychiatric patients. At the present time, the Nashville Campus has a limited number of eighteen inpatient beds for the less acute psychiatric patient. The more acute psychiatric patient is transferred to our sister campus in Murfreesboro.

The problem occurs when the Murfreesboro Campus is unable to accommodate these patients; they are often transferred at VA expense to other VA's that can be as far away as three hundred miles away.

The next issues I would like to address are problems occurring with the Outpatient Care and Primary Care Access.

The VHA stated that they would meet the demand for out patient care by increasing clinic visits. I believe that increasing clinic visits would contribute to better continuity of patient care. However, the elderly sicker veterans now have problems getting to and from clinic visits and this may increase travel problems for them and the significant other that will have to bring the patient. Additionally, we do not have enough providers, nurses, and support staff to accommodate this initiative and there has been no mention of increasing staffing levels. Regardless of the number of clinic visits, some health problems cannot be managed on an outpatient basis and will require frequent hospital stays with extended lengths of stays.

Presently, we have a waiting list of approximately four-five hundred veterans that are fifty percent or less service connected to be assigned a primary care physician. There are approximately twelve-fourteen hundred non-service veterans

waiting to be assigned a primary care physician. Additionally, we have patients that were evaluated in Saturday Clinics and given some medications but not all and have yet to be assigned primary care.

The CARES Initiative has suggested that they will use private sector contracts for clinics. We strongly oppose the privatization and contracting out of primary care clinics.

In an attempt to help meet the demand for care at the Nashville VA, administration recently opened a contracted private clinic, Vine Hill Clinic, just a few miles from the Nashville Campus. In very simple terms, the patient presents to Vine Hill for limited outpatient services that are performed by Nurse Practitioners. If the patient requires labs, x-rays, or diagnostic testing he/she is required to report to the Nashville Campus to complete them. This did not alleviate the increased demand on the outpatient services that we provide to the Veteran at the Nashville Campus. Additionally it has created an additional step in order for the Veteran to receive care. Some patients have expressed dissatisfaction with this arrangement. More than likely, a large amount of money has been spent that could have been better utilized at the Nashville Campus for a full range of Primary Care Services.

Likewise the Specialty Clinics have long waiting times to see specialist. Examples are the Orthopedic Clinic and Neurosurgery Clinic. The wait times have been up to six months in some incidents. However there are many more clinics not listed. The CARES proposal for VISN 9 does not include an expansion of these clinics.

Lastly we are opposed to the contracting out of any specialty clinics because it has been proven time and again that contracting out creates more cost in the long run and does not provide quality patient care for the Veteran. Additionally, contract staff does not have the same dedication and loyalty to our Veterans.

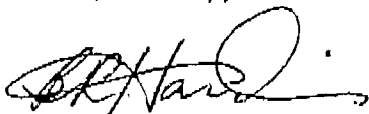
We are supportive of additional VA clinics for primary care, specialty care, and mental health care if owned and staffed with VA employees.

We do not support the rearrangement of current clinics that are already under the jurisdiction of designated facilities. An example would be the proposal to place the Knoxville Outpatient Clinic under the jurisdiction of Mountain Home VA. Needless to say that a good working relationship with the Nashville VA and Knoxville Clinic already exists. The patients at the Knoxville clinic have voiced their confidence in the Nashville Campus as well as the employees.

Lastly, VISN 9 currently is located inside the Nashville Campus. The amount of space that it occupies could be used for either inpatient beds or clinics. In our opinion, VISN 9 should be relocated to a facility with adequate space. Facilities such as the Murfreesboro Campus or another government office building such as the Federal Courthouse in Nashville should be utilized.

I appreciate the opportunity to speak for our Veterans and employees of the Nashville Campus.

Respectfully,



B.R. Hardison
President, AFGE Local 2400

Statement Regarding the C.A.R.E.S. Initiative on Behalf of the Staff of the VAMC,
Mountain Home, TN

The CARES initiative is the product of a comprehensive and fully inclusive assessment of veteran's healthcare accomplished with the objective of developing strategies that would guarantee each veteran's future access to adequate medical care.

The Medical Center at Mountain Home, TN is in the Eastern Market Group of VISN 9. After extensive consultation and discussion with the employees at Mountain Home it can be said that the recommendations from the C.A.R.E.S. initiative offers the best course of action to optimize service delivery within the resources available.

The CARES initiative, East market Group, recommended that the Medical Center at Mountain Home continue in its operation, that access be augmented by the opening of additional CBOCs, and that the facilities be staffed with VA employees. The quality of veteran's healthcare must not be determined by a "lowest bidder" approach. The service our veterans rendered to our nation was unconditional with a "whatever it takes to complete the mission" commitment.

The future of veteran's healthcare will rely heavily on the proposals made by the various market groups, and VISNs throughout this nation. During this time, with troops serving in combat, we must do everything possible to preserve the rights of those who have served, as well as those who are currently serving. In a recent press release Secretary Principi stated:

"The men and women who embody our Department now have the rarest of opportunities: another chance to make a first impression. VA still carries a burden of mistrust and anger among many Vietnam veterans as a result of their experiences with VA from decades ago. Many veterans of Desert Storm have similar feelings. Our actions over the next few months will define our department for the lifetime of the veterans who are returning from Iraq and Afghanistan. Each of us works for the Department of Veterans Affairs because we believe in VA's sacred mission to care for veterans and the men and women who now serve in our armed forces. It is now our turn to step up to the plate and do what must be done to honor our commitment."

The proposals of the East Market Group, to maintain VA staffed facilities will give us that opportunity. We urge you to favorably consider the proposals that have been set before you.

Respectfully submitted:

Jason A. Zimmerman

Officer

American Federation of Government Employees Local 1687

VAMC, Mountain Home, TN